TE	CHNICAL
26.	Does Applicant utilize its own equipment and/or facilities? YES NO
If Y	YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:
	NO, which facility provider(s)'s services does the Applicant intend to use?
27.	Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).
Lo	ng distance service
28.	Will technical personnel be available at all times to assist customers with service problems?
	YES NO (Only during normal business hours)
2 9.	If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general o perations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? YESNO
	The Company will not provide payphone service.
	David Savage, CEO

CHIEF CLERK'S OFFICE

DEC 13 2 25 PM *01

VERIFICATION

TELINOIS COMMERCE COMMISSION

This application shall be verified under oath. DEC $13-2.25\,$ PM $\,^{\circ}$ Ol

	OATH	CHIEF CLERK'S OFFICE
State of Louisiana))ss	
County of Jefferson		
David Savage (Insert here the name of affiant)		nat he is <u>CEO</u> Insert the official title of the affiant)
of <u>LightDial</u> , Corp. (Insert here the exact legal title or i	name of the Applicant)	·····
that he has examined the foregoing app and belief, all statements of fact contair is a correct statement of the business ar and every matter set forth therein.	ned in the said application affairs of the above-in David Sa	on are true, and the said application
Subscribed and sworn to before me, a N	Vitle of an	

(Signature of person authorized to administer oath)

MONICA BORNE HAAB

in the State and County above named, this day of

Notary Public, State of Louisiana My Commission is for Life.